

# FORM LM-21

## RECEIPTS AND DISBURSEMENTS REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.  
Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under section 203(b) of the Labor-Management Relations and Disclosure Act of 1959, as amended. (LMRDA)

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1. File Number C- <u>428</u>	2. Period Covered By This Report From: <u>1/1/04</u> Through: <u>12/31/04</u>
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### A. Person Filing

#### 3. Name and mailing address (include ZIP Code):

Name Sal Duarte  
Title Owner: Sole Proprietor  
Organization Agri-Labor Relations  
P.O. Box, Building and Room Number, if any  
P.O. Box 498  
Street  
City San Luis Rey  
State Ca. ZIP Code + 4 92068

#### 4. Any other address where records necessary to verify this report are kept:

Name Same  
Title Same  
Organization Same  
P.O. Box, Building and Room Number, if any  
Street 3337 Golfers Dr.  
City Oceanside, Ca.  
State Ca. ZIP Code + 4 92056

### Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the Section on penalties in the instructions).

17. Signed Sal Duarte President  
(if other title, see instructions)  
Title President- Owner

18. Signed N/A Treasurer  
(If other title, see instructions)  
Title Treasurer

On 2/14/05 760-518-6829  
Date Telephone Number

On / /   
Date Telephone Number

Employer	Ox Mountain Sanitary Landfill	P.O. Box, Building and Room Number, if any	
Trade Name	BFI / Allied Waste	Street	12310 San Mateo Rd.
Attention To	Jim Couderson	City	Half Moon Bay
Title	General Manager	State	Ca. ZIP Code + 4 94019-7112

5.b. Termination Date	9-20-04	5.c. Amount	6,124.00
6. TOTAL RECEIPTS FROM ALL EMPLOYERS		This 6,124.00	

**C. Statement of Disbursements** Report all disbursements made by the reporting organization in connection with labor relations advice or services rendered to the employers listed in Part B.

7. Disbursements to Officers and Employees:

(a) Name	(b) Salary	(c) Expenses	(d) Totals	
				9. Office and Administrative Expenses
				10. Publicity
				11. Fees for Professional Services
				12. Loans Made
				13. Other Disbursements
8. Total disbursements to officers and employees:				14. Total Disbursements (Sum of Items 8-13)

**D. Schedule of Disbursements for Reportable Activity** Use this Schedule to report only disbursements made for the purposes described in Part D of the instructions.

15.a. Employer Name:	15.b. Trade Name, If any:
n/A	
15.c. To Whom Paid	15.d. Amount
Name	
Title	
Organization	
P.O. Box, Building and Room Number, If any	
Street	
City	
State Washington ZIP Code + 4	
15.e. Purpose	
16. TOTAL DISBURSEMENTS FOR ALL REPORTABLE ACTIVITY	
Sole Proprietor, I have no employees.	